PTD/SB/01 (03-01)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

| DECLARATION FOR UTILITY OR DESIGN | | Attorney Docket | Number | 1480(Touchston | ne) |
|--|---------------------------------|------------------------------------|-----------------------|--------------------------|--------------------|
| | | First Named Inve | ntor | Janusz Wladysla | ıw |
| PATENT APPLICATION | | COMPLETE IF KNOWN | | | |
| (37 CFR 1.63) | | Application Number | er | | |
| | | Filing Date | | | |
| Submitted OR Subr | aration mitted after Initial | Group Art Unit | | | |
| | g (surcharge CFR 1.16 (e)) | | _ | | |
| requ | ıred) | Examiner Name | | | |
| As a below named inventor, I hereby d | eclare that: | | | | |
| My residence, mailing address, and citize | enship are as stated b | elow next to my name. | | | |
| I believe I am the original, first and sole in | nventor (if only one na | ame is listed below) or a | an original, | first and joint inventor | (if plural |
| names are listed below) of the subject ma | atter which is claimed | and for which a pateric | is sought c | of the livermon entire | , u. |
| CARRON FOAN | CADDACINEC | | | | |
| CARBON FOAM | IABKASIVES | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| al | (Title of the In | nvention) | | | |
| the specification of which | | | | | |
| is citached hereto | | | | | |
| OR | | | | | |
| was filed on (MM/DD/YYYY) | | as Unitod Stat | oc Applicat | ion Numbor or PCT In | ntornational |
| | | | | | |
| Application Number | and was ame | nded on (MM/DD/YYY | Y) | | (if applicable). |
| , ippinoanon riambo | | · | | - | J |
| I hereby state that I have reviewed and u | understand the conter | nts of the above identifi | ed specifica | ation, including the cla | aims, as |
| amended by any amendment specifically | | ial ta natantahilihi oo d | ofinad in 37 | CER 1.58 including | for continuation- |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 156, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or | | | | | |
| PCT international filing date of the continuation-in-part application I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's | | | | | |
| or plant breeder's rights certificate(s) or 365(a) of any ECT international application which designated at each one to the little of the litt | | | | | |
| patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | |
| Prior Foreign Application Number(s) | Country | oreign Filing Date (MM/DD/YYYY) | Priority Not Claim | 1 | py Attached? NO |
| rva.iipoi(oj | - | , | | | |
| | | | Ħ | | |
| | | | | | |
| | | | | | |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | | |

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below | | | | | | |
|---|-------------------|----------------------------------|---------------------------------------|--|--|--|
| AUZVILLE JACKSON, JR. | | | | | | |
| 8652 Rio Grande Rd. | | | , | | | |
| Richmond | | State VA | ZIP 23229 | | | |
| USA Country Tele | ephone 804/74 | 0-6828 | Fax 804/740-1881 | | | |
| I hereby declare that all statements made herein of my of are heliered to be true; and further that these statement made are punishable by line or imprisonment, or both, unvalidity of the application or any patent issued thereon. | ts were made Will | n the knowledde that willium | אה מתו מונו נוונה הוומנותוהוהוה אהוהן | | | |
| NAME OF SOLE OR FIRST INVENTOR : | A petition h | nas been filed for this ur | nsigned inventor | | | |
| Given Name Darren Kenneth (first and middle [if any]) | | Family Name Rogers or Surname | | | | |
| Inventor's Signature Date 10 2 01 | | | | | | |
| Wheeling Residence: City | WV State | USA Country | USA Citizenship | | | |
| 4 America Avenue Mailing Address | | | | | | |
| Wheeling City | WV State | ZIP 26003 | USA Country | | | |
| NAME OF SECOND INVENTOR: | A petition ha | as been filed for this uns | signed inventor | | | |
| Given Name Janusz Władysław Family Name or Surname | | | | | | |
| Inventor's Signature Date 6/2/01 | | | | | | |
| Glen Dale | WV | USA | Poland | | | |
| Residence. City State Country Citizenship 416 6th Street | | | | | | |
| Mailing Address | 1 | 1 | Poland | | | |
| Glen Dale WV 26038 Polatid City State ZIP Country | | | | | | |
| Additional inventors are being named on thesupplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | |

| Please type a plu | r sign (+) inside this box | |
|-------------------|----------------------------|--|
|-------------------|----------------------------|--|

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | |
|------------------------|-----------------------|
| Filing Date | |
| First Named Inventor | Rogers |
| Title | Carbon Foam Abrasives |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 1480(Touchstone) |

| I hereby appoint: | | Γ- | | |
|--|--|---------------------------------------|------------------------------------|--|
| Practitioners at 0 | Customer Number | | Place Customer Number Bar Code | |
| OR | <u> </u> | | Label here | |
| Practitioner(s) na | med below: | | | |
| | Name | | on Number | |
| AUZVILLE | E JACKSON, JR. | 17,306 | | |
| | | | | |
| | | | | |
| | | | | |
| | r agent(s) to prosecute the application States Patent and Trademark Office co | | | |
| | espondence address for the above-ide | · · · · · · · · · · · · · · · · · · · | | |
| | ned Customer Number. | h | | |
| OR | | 1 | ace Customer | |
| Practitioners at Sus | stomer Number | | umbor Bar Codo abel here | |
| OR | | | | |
| Firm or Individual Name | AUZVILLE JACKSON, JR. | | | |
| Address | 8652 Rio Grande Rd. | | | |
| Address | | <u></u> | | |
| City | Richmond | State VA | Zip 23229 | |
| Country | US | 100. | 004 | |
| Telephone | 804/740-6828 | Fax 804/740-18 | 881 | |
| I am the: | | | | |
| MpHisant/Invant | 8 F. | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| Clatomoni ande. | SIGNATURE of Applicant or Assig | · | | |
| Nama Darrer | 1 Kenneth Rogers | | | |
| , tune |) LP | | | |
| Signature | | | | |
| | 10/2/01 | | | |
| NOTE: Signatures of all the inveitorms If more than one slynature | ntors or assignees of record of the entire interes | st or their representative | e(s) are required. Submit multiple | |
| 77 | ms are submitted. | | | |
| | | t l'annual the mante | 6.4bdouble-b Anni ag | |

| Please type a plus sign (+) inside this box | | _ |
|--|---------|---|
| r lease type a plus sign (1) it iside this box | | _ |

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | | |
|------------------------|-------------------|--|
| Filing Date | | |
| First Named Inventor | ROGERS | |
| Group Art Unit | | |
| Examiner Name | | |
| Attorney Docket Number | 1480 (TOUCHSTONE) | |

| I hereby appo | int: | | | Γ | | |
|---|--|-------------------------------|-------------------|-----------------|---|-----------------|
| OR | ners at Customer Number | | | → ∧ | Place Custon lumber Bar abel here | |
| ✓ Practition | er(s) named below: | | | | | |
| | Name | | R | egistration | | |
| <u> </u> | Auzville Jacks | on, Jr. | | 17, 3 | 06 | |
| | | | | | | |
| | | | | | V-Miller | |
| | | | | | | |
| | | | | | | |
| | ney(s) or agent(s) to prose | | | | to transact | all |
| business in the | United States Patent and | Trademark Office | connected the | nerewith. | | |
| | | | | | | |
| Please change t | he correspondence addre | ss for the above-id | entified appl | ication to: | | |
| | mentioned Customer Num | | | | | |
| OR | | | | | | |
| Firm or Individual Na | ame | Auzv | ville Jackso | on, Jr. | | |
| Address | | 8652 | Rio Grand | de Rd. | | |
| Address | | | | | | |
| City | Rich | mond | State | VA | Zip | 23229 |
| Country | | | US | | | |
| Telephone | 804/74 | 804/740-6828 Fax 804/740-1881 | | | | |
| I am the: | | | | | | |
| | t/Inventor | | | | | |
| Applican | ✓ Applicant/Inventor. | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | |
| Nome | | ANUSZ WLAD | | | (1 | |
| Name | Marilla D | Aug (all) | | | | |
| Signature | Jumsn & | WILLIAM IN | | 1 - 1 . | | |
| Date | V | | 10 | 10/2010 | | |
| | the inventors or assignees of re signature is required, see below | | est or their repr | esentative(s) a | are required. S | Submit multiple |
| ★Total of2 | forms are submitted. | | | | | |
| | | | | | | |